



**UNITED STATES PATENT APPLICATION TRANSMITTAL FORM**

Mail Stop Patent Application  
COMMISSIONER FOR PATENTS  
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Alexandria, VA 22313-1450

Docket No.: 625.0052USU

Customer No.: 27623

17510 U.S. PTO  
10/716022



Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **David Stinson**

For: **INTERMITTENT MODULE**

Enclosed are:

XXX Specification (29 pps.) consisting of: Description (22 pps); Claims (6 pps);  
Abstract (1 pp);

XXX 11 sheets of drawings;

XXX Declaration and Power of Attorney;

XXX An assignment of the invention to: **Amvex Corporation**, including  
\$40.00 recordation fee and Assignment Recordation Form Cover Sheet;

XXX Power of Attorney or Authorization of Agent;

XXX Associate Power of Attorney;

       Information Disclosure Statement (with copies of patent);

       Form - PTO-1449;

       The undersigned attorney has verified that the applicant is entitled to a  
Small Entity Status; and

       Priority of U.S. Provisional Patent Application Serial No. \_\_\_\_\_, filed  
on \_\_\_\_\_ is claimed under 35 U.S.C. §119(e).

       Priority of U.S. Patent Application Serial No. \_\_\_\_\_, filed on \_\_\_\_\_  
\_\_\_\_\_ is claimed under 35 U.S.C. §120.

       Priority of application Serial No. \_\_\_\_\_ filed on \_\_\_\_\_, in  
\_\_\_\_\_ is claimed under 35 U.S.C. §119;

       A Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i).

The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$770.00
Total Claims	20 - 20 =	0	x \$18.00	\$0
Independent Claims	3 - 3 =	0	x \$86.00	\$0
Multiple Dependent Claim Fee		x \$290.00 = \$0.00		
<b>TOTAL FILING FEE</b>		<b>\$770.00</b>		

1/2 FILING FEE FOR SMALL ENTITY	\$N/A
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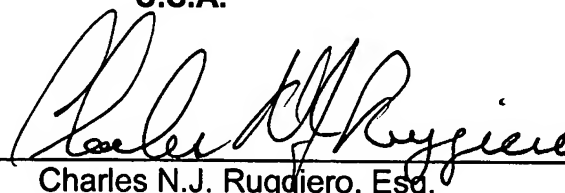
\_\_\_\_\_ No fee enclosed – filing by missing parts.

**XXX** A check in the amount of **\$810.00** (\$770 filing fee, \$40 assignment recordal fee) is enclosed.

**XXX** The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

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November 18, 2003  
Date of Signature




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